



TEXAS DEPARTMENT OF HEALTH
AUSTIN, TEXAS
INTER-OFFICE MEMORANDUM

TO: Regional Directors
Directors, Local Health Departments
Directors, Independent WIC Local Agencies
Herman Horn, Chief, Bureau of Regional/Local Health Operations

FROM: Barbara Keir, Director
Public Health Nutrition and Education
Bureau of Nutrition Services

DATE: February 25, 2000

SUBJECT: Electric Breast Pump Order Form and Breast Pump Survey for Staff

This memo contains two forms to be completed by the WIC Director or Breastfeeding Coordinator.

- Electric Breast Pump Order Form and
- Breast Pump Survey for WIC Staff

Use the Electric Breast Pump Order Form to re-order electric breast pumps and collection kits. Delivery of these pumps to local agencies will take place by June 30, 2000. Keep in mind that the next chance to order pumps will be no earlier than September 1, 2000 and the next delivery will be no earlier than December 1, 2000.

The Breast Pump Survey for WIC Staff will provide the State Agency with useful information for future purchases of manual breast pumps, electric breast pumps, and collection kits.

Please complete and return the attached **Electric Breast Pump Order Form**, for a six month supply of electric breast pumps and collection kits, and the **Breast Pump Survey for WIC Staff** to Tracy Erickson at (512) 458-7609 no **later than March 10, 2000**. **All local agencies are to complete and return these order forms.**

Attachments

Electric Breast Pump Order Form

Local Agency # _____

I am requesting _____ Hollister *Purely Yours* (single-user) breast pumps for a six month supply.

I am requesting _____ Hollister *Elite* (multi-user) breast pumps for a six month supply.

I am requesting _____ Hollister collection kits for a six month supply (for the multi-user pumps).

_____ I am not ordering pumps at this time. Give reason: _____

WIC Director or Breastfeeding Coordinator Signature

(____) _____
Phone Number

Fax survey to Tracy Erickson at (512)-458-7609 no later than March 10, 2000

Breast Pump Survey for WIC Staff

Local Agency#_____

1. Are you currently issuing electric breast pumps to WIC participants at your local agency?
_____yes _____no

If no, why not? _____

2. How do your staff and participants like the Hollister *Purely Yours* breast pump?

3. How do your staff and participants like the Hollister *Elite* breast pump and collection kits?

4. What problems have you had issuing pumps? _____

5. The State Agency will be purchasing **manual** breast pumps by the end of this fiscal year. Estimate how many manual breast pumps your local agency would need for a six month supply: _____

6. Do you currently provide manual pumps to WIC participants? y _ e _ s _____no

If yes, what type of manual pump? _____

What is the cost per pump? \$_____

Are participants happy with this manual pump? _____yes _____no

Comments _____

7. Does your local agency own any electric breast pumps other than Hollister? yes _____no

If yes, what model? _____ How many? _____

WIC Breastfeeding Coordinator or WIC Director Signature

(____) _____
Phone Number